

proved to encroach upon its lumen, its superior segment being vaguely felt about the right lateral fornix. The womb was displaced slightly toward the left side of the pelvis. On coughing and straining the swelling increased in its size, and became tenser. It could be reduced by external manipulations, but could not possibly be retained within the pelvis. According to Dr. Trachtenberg, the hernia having pushed aside the bundles of the levator ani, descended into the ischio-rectal space to pass with its apex in front of the transverse perineal muscle to the labium. In other words, his patient has an anterior perineal hernia. Cf. Ludwig Ebner's paper in the ANNALS OF SURGERY, vol. vii, p. 314, April 1888.—*Proceedings of the Pirogovian Russian Chirurgical Society*, St. Petersburg, vol. v, 1888.

VALERIUS IDELSON (Berne.)

GENITO-URINARY ORGANS.

I. Precocious Puberty. By MR. C. LUCAS (London). At the Clinical Society meeting, April 27, Mr. Lucas read a paper on Precocious Puberty (at the age of seven) accompanied by all the usual signs and due to a sarcomatous ovarian tumor, on the removal of which the condition disappeared. A case was mentioned by Dr. Money where the cause was a suprarenal sarcoma, and it was also stated ovarian tumors in young children did not always produce precocity.—*Lancet*, May 5, 1888.

A. F. STREET (Westgate).

II. Electrolysis in the Treatment of Resilient or Non-Dilatable Stricture of the Urethra. By F. SWINFORD EDWARDS (London). The author tabulates 24 cases in which this method has been adopted; the ages of the patients being between 21 and 70, with the following results: Cured, 2; improved, 12; failed 3; improved with electrolysis plus dilatation, 7. The number of "sittings" varied from 1 to 9; the time occupied by each one, from 5 to 30 minutes; the battery employed was a 30-celled Stoeher. The advantages claimed for this plan are absence of confinement, risk to life, pain and bleeding. If it should fail, it does not interfere with a subsequent urethrotomy in some form, and it is thought that if a cure is effected it may

be permanent. The only disadvantage stated, is the time occupied in its application. The worst cases of urethral strictures are undoubtedly met with in hospital practice, but very often in the best regulated establishments, any apparatus necessitating the use of a battery frequently proves vexatious and disappointing. Whether this plan of treatment will ever become general, or supercede more readily applied methods, in the hands of busy practitioners, is a matter of doubt. Moreover, the permanency of the cure in successful cases must be decided by time.—*Med. Press and Circular*.

T. F. CHAVASSE (Birmingham).

III. Mixed Gonorrhœal Infection. By M. BUMM (Wurzburg)
M. Bumm in a communication to the Medical Society of Munich, discusses a theory under the name of mixed infection, which he describes as the penetration into the organism of several species of bacteria. For example, a tuberculous patient can be attacked with erysipelas; a lying-in woman suffering from gonorrhœa, may become the subject of a septic infection. Such cases as these, however, which result from mere chance infection, do not present any particular features of interest. But there is another variety of mixed infection in which there exists some relation between the different germs, in the sense that the one precedes the other and prepares the soil for fructification of the latter. These forms of mixed infection are characterized by being constantly associated with certain definite microbes. Taking pneumonia as an instance, under the influence of the bacteria of pneumonia the pulmonary alveoli lose their epithelium and throw off an exudation which serves as a medium for the development of the tubercle bacillus or pyogenic germs, and again pneumonia may be followed by phthisis or purulent infiltration of the liver; the specific microbe of gonorrhœa, the gonococcus of Neisser, can also modify the mucous membrane of the genito-urinary tract chiefly in women, in such manner as to render easy the invasion of certain of the microbes. The proof of this is to be found in the cases of gonorrhœal infection of the vulvo-vaginal glands. When the infection of the glands remains purely gonorrhœal the acute purulent stage is succeeded by a chronic stage